

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Tamarack Petroleum Co., Inc.	
Address 500 W. Texas, Suite 1485, Midland, TX 79701	
Reason(s) for filing (Check proper box)	Other (Please specify)
New Well <input checked="" type="checkbox"/>	Casinghead Gas MUST NOT BE FLARED AFTER 8-1-88 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name State # "9"	Well No. 1	Pool Name, including Formation Maljamar(Grayburg)-SA	Kind of Lease State, Federal or Fee State	Lease No. B-2516
Location Unit Letter 'G' : 2310 Feet From The north Line and 1980 Feet From The east Line of Section 9 Township 17-S Range 38-E, NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77251
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
G 9 17-S 38-E	No

If this production is commingled with that from any other lease or pool, give commingling order number: _____

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5/7/88	Date Compl. Ready to Prod. 5/27/88	Total Depth 4600	P.B.T.D. 4553					
Elevations (DF, RKB, RT, GR, etc.) 4188.3 GR	Name of Producing Formation Grayburg	Top Oil/Gas Pay 4408	Tubing Depth 4362					
Perforations 4408-4480			Depth Casing Shoe 4600					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	354	200 sxs Premium+2%CaC2					
7 7/8"	4 1/2"	4600	2205sxs Class C Lite					

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5/27/88	Date of Test 5/31/88	Producing Method (Flow, pump, gas lift, etc.) Rod Pump 1 1/4"X2"X16'	
Length of Test 24 hrs	Tubing Pressure NA	Casing Pressure 20#	Choke Size None
Actual Prod. During Test 30	Oil-Bbls. 30	Water-Bbls. 15	Gas-MCF 54

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

V. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Randy A. McCreary
(Signature)
Engineering Manager
(Title)
June 3, 1988
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.